	<i>),</i>		· ·						09/	10	28	35	<u></u>		
								application or Docket Number							
Effective October 1, 2000											447				
		CLAIMS A	_	MALL E	NTITY	OR	OTHER								
TOTAL CLAIMS			١٦					RATE	FEE	]	RATE	FE	Ε		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.	00		
TOTAL CHARGEABLE CLAIMS								X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS			5 minus 3 =		. 2		ı	X40=		OR	X80=	11,6			
MULTIPLE DEPENDENT CLAIM P			RESENT						<del>                                     </del>	1		10-	ᅥ		
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=	<u> </u>	OR	+270=	0 3	_		
TOTALOR TOTAL E											87				
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL															
MTA		CLAIMS REMAINING AFTER		PAID	IESY BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	IAL		
	Total	AMENDMENT .	Minus	7 (	$\frac{\tilde{c}}{\tilde{c}}$	= 0	ŀ	X\$ 9=	FEE	OR	X\$18=		뒥		
AMENDMENT	Independent	. 2	Minus	A		= 18	ŀ					-	$\dashv$		
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		ŀ	X40=		OR	X80=				
							L	+135=		OR	+270=				
	211 2								ADDIT. FEE OR ADDIT. FEE						
		(Column 1)	8-11-05	(Colu		(Column 3)									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT : EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	. 10	Minus	•• 8	10	- /	Ţ	X\$ 9=		OR	X\$18=		Ì		
	Independent	. 3	Minus	••• £	5	- /	r	X40=		OR	X80=	1			
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		F					1	7		
							L	+135= TOTAL		OR	+270=	\	Ц		
							A	DDIT. FEE		OR	TOTAL ADDIT. FEE		4		
	NOTE OF TAXABLE	(Column 1)	·	(Colur		(Column 3)	_					_			
AMENDMENT C		REMAINING AFTER: AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADE TION FEI	AL		
\$	Total	•	Minus	**		2	Γ	X\$ 9=		OR	X\$18=	;			
ME	Independent	•	Minus	***	6,71	-	t	X40=		OR	X80=				
<u>ح</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+135=		OR	+270=				
•	i the entry in colu	mn 1 is less than ti mber Previously Pa	entry in colu	mn 2, write S SPACE is	"O" in col	turno 3. n 20. enter "20."		TOTAL OUT, FEE		OR	TOTAL ADDIT: FEE		コ		
•••	If the "Highest Nu	mber Previously Pa ber Previously Pa	aid For IN THE	S SPACE I	s less tha	n 3, enter "3."			propriate box						
_	4 PTO-475								T		ARTMENT OF				